

Name
in
Full

William Nichols Abrisch

CERTIFICATE OF DEATH

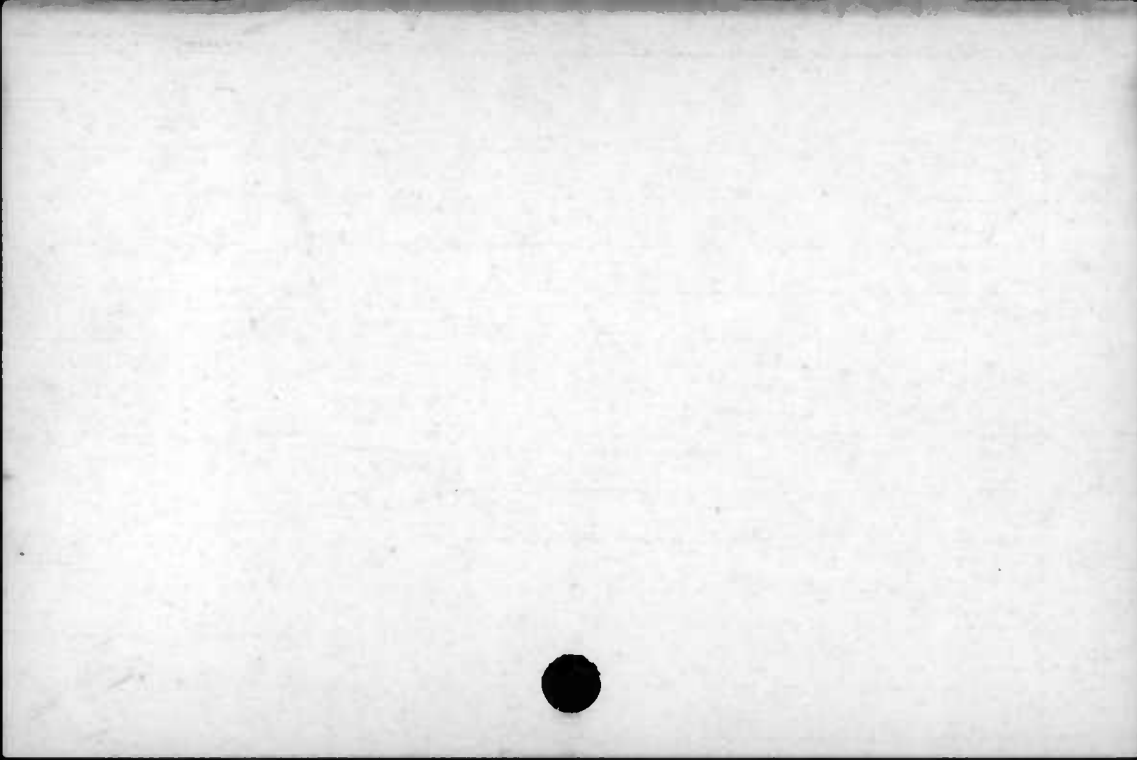
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Montair</i> Town		<i>Carroll</i> County		MARYLAND	
Date of death <i>1905</i>	Month <i>Oct</i>	Day <i>19</i>	Years <i>3</i>	Months <i>mos</i>	Days
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Montair</i>	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Friederich Abrisch</i>			Father's Birthplace <i>Ba</i>		
Mother's Maiden Name <i>Mattie Smith</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Mother</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Convulsions</i>	How long <i>2 days</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. J. Lewis, M.D.</i>
	Address <i>Montair Ind</i>
Accident or Suicide?	



Name
in
Full

Ayers Margaret Estelle

CERTIFICATE OF DEATH

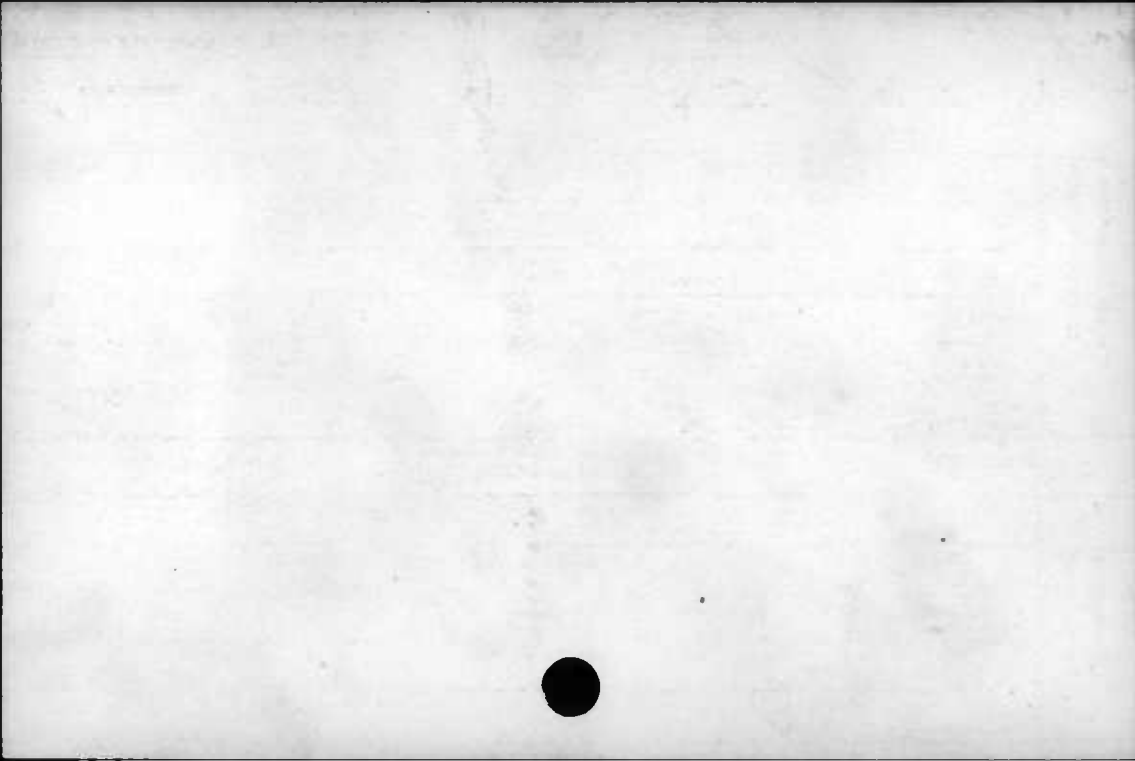
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Sylmarville</u> ^{Town}		<u>Barrow</u> ^{County}		MARYLAND	
Date of death <u>1905</u>	<u>20</u> ^{Month}	<u>17</u> ^{Day}	Age <u>-</u> ^{Years}	<u>1</u> ^{Months}	<u>22</u> ^{Days}
Sex <u>Female</u>	Color or Race <u>col.</u>		Birth-place <u>Ind.</u>		
Occupation <u>none</u>			Where Residing if not at place of death <u>-</u>		
Married, Single or Widowed <u>-</u>		Name of Wife or Husband <u>-</u>			
Father's Name <u>Elijah Ayers</u>			Father's Birthplace <u>Ind.</u>		
Mother's Maiden Name <u>Ursula E. Young</u>			Mother's Birthplace <u>Ind.</u>		
Name of person giving information <u>Father Elijah Ayers</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Malaria</u>	(151)	How long <u>since birth</u>
Immediate <u>-</u>		How long <u>-</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W. Frank Lucas M.D.</u>	Address <u>Sylmarville, Ind.</u>
Accident or Suicide? <u>-</u>		



Name
in
Full

Roland Bemiller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Silver Run		County Carroll		MARYLAND	
Date of death		1905	Month 10	Day 2	Age —	Years —	Months —
Sex Male		Color or Race White		Birth- place Silver Run		Days 5	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name Albert J Bemiller				Father's Birthplace Union Mill			
Mother's Maiden Name Wilhel Mathias				Mother's Birthplace Union Mill			
Name of person giving In formation Albert J Bemiller				How related to deceased None			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Jandice	How long	(15)
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Dr J S Marshall	
Address		Silver Run Md	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

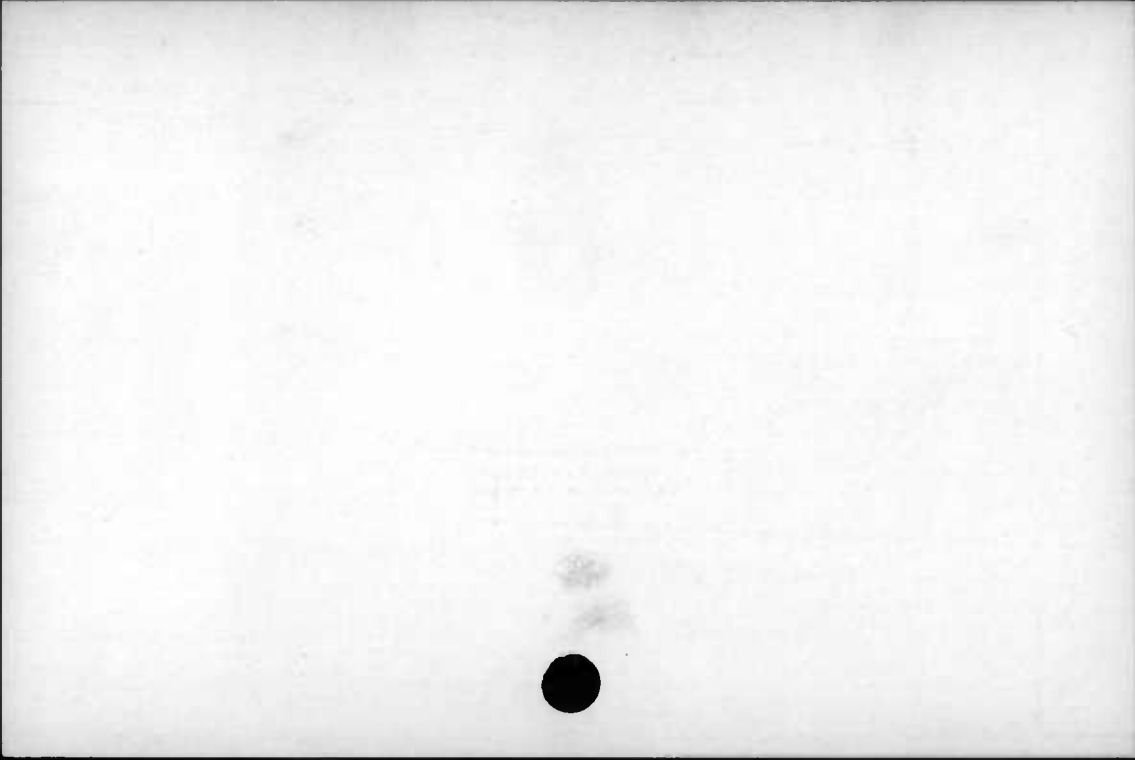
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1903		Oct	15	Age 36			
Sex	Female	Color or Race	White	Birth-place	Md.		
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Married			Name of Wife or Husband	Scott Biddinger		
Father's Name				Father's Birthplace	Md.		
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information	C. H. Diller			How related to deceased	not related		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cancer	How long	1 year
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	C. H. Diller M.D.
		Address	Double Pipe Creek Md.
Accident or Suicide?			



Name in Full		CERTIFICATE OF DEATH											
TO BE ANSWERED BY NEAREST FRIEND	Alice Bitzell.		County		MARYLAND								
	Died at <i>Mar Westminister</i>		<i>Carroll</i>										
	Date of death	1905	Month	Oct	Day	20	Age	Years	40	Months	8	Days	7
	Sex	Female	Color or Race	White	Birth-place	Mayland							
	Occupation						Where Residing if not at place of death						
	Married, Single or Widowed	Married	Name of Wife or Husband	Philip Bitzell									
PHYSICIAN OR CORONER	Father's Name	Andrew Fowler					Father's Birthplace	Maryland					
	Mother's Maiden Name	Catherine Luby					Mother's Birthplace	Ireland					
	Name of person giving information	Andrew Fowler					How related to deceased	Father					
	CAUSES OF DEATH												
PHYSICIAN OR CORONER	Primary	Typhoid Fever					How long	5 weeks					
	Immediate	Heart Failure					How long						
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>					Signature of Physician	Thos. J. Coonan						
						Address	Westminister						
Accident or Suicide?													

St Louis

Name
in
Full

Rachael Clemens

193
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Union Bridge</i>		Town <i>Union Bridge</i>		County <i>Carroll</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Oct</i>	Day <i>25</i>	Age <i>89</i>	Years	Months <i>1</i>	Days <i>1</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>John Davis Clemens</i>					
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Oct. age</i>	How long <i>154</i>
Immediate <i>Impigilation & heart failure</i>	How long <i>1st week</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. D. C. S. Hoff</i>
	Address <i>Union Bridge</i>
Accident or Suicide?	<i>not</i>

Not Very Careless

Name
in
Full

(Bennett) 28 years Clingan (M.M.)

CERTIFICATE OF DEATH

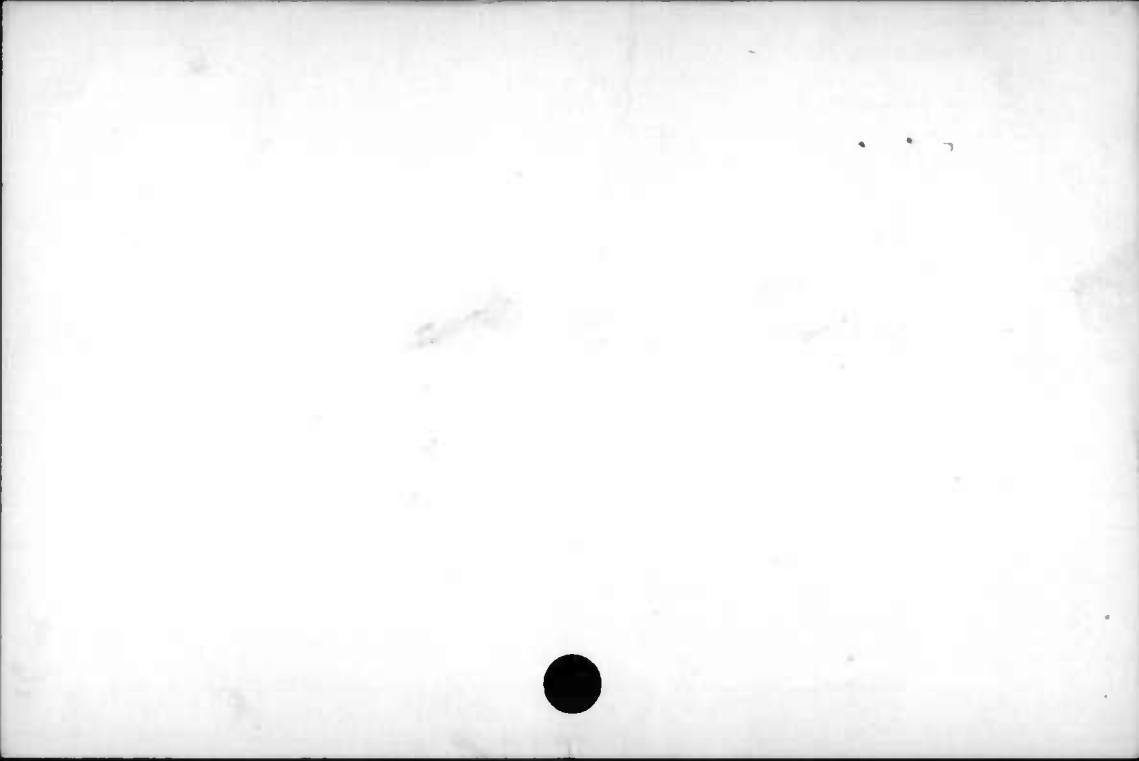
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Taney Town</i>		County <i>Carroll</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Oct</i>	Day <i>9</i>	Age <i>28</i>	Months	Days <i>12 hours</i>
Sex <i>Male</i>	Color or Race <i>White - Amer.</i>		Birth-place <i>Taney Town</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>George Clingan</i>			Father's Birthplace <i>Ill</i>		
Mother's Maiden Name <i>Marion Hess</i>			Mother's Birthplace <i>"</i>		
Name of person giving Information <i>Transfer of this</i>			How related to deceased <input checked="" type="checkbox"/>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Premature Birth</i>	How long
Immediate	<i>Asphyxia</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>L. B. Bessie</i>
		Address <i>Taney Town</i>
Accident or Suicide?		



Name
in
Full

Pius David Cooper

CERTIFICATE OF DEATH

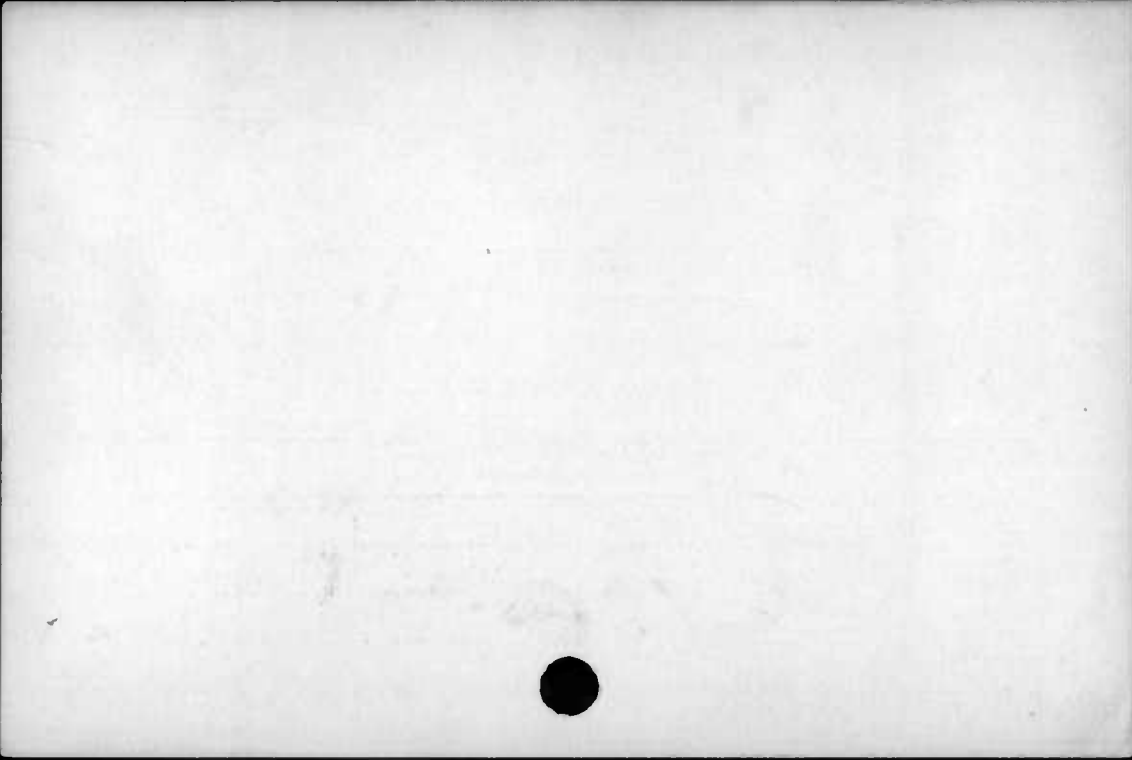
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westminster</i> ^{Town}		<i>Carroll</i> ^{County}		MARYLAND	
Date of death	<i>1905</i>	Month <i>Oct.</i>	Day <i>27</i>	Years <i>49</i>	Age
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Carroll Co. Md</i>	Months <i>6</i>
Occupation <i>Coach</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Rosa Cooper</i>			
Father's Name <i>Benjamin Cooper</i>		Father's Birthplace <i>Carroll Co. Md</i>			
Mother's Maiden Name <i>Don't know</i>		Mother's Birthplace <i>"</i>			
Name of person giving information <i>Rosa Cooper</i>		How related to deceased <i>Wife</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Hemiplegia</i>	How long <i>9 mos.</i>
Immediate <i>Apoplexy</i>	How long <i>3 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Chas. R. Foutz</i>
	Address <i>Westminster Md</i>
Accident or Suicide? <i>_____</i>	



Name in Full		Catharine Coates ✓				CERTIFICATE OF DEATH								
TO BE ANSWERED BY NEAREST FRIEND		Died at Town		County		MARYLAND								
		Westminster		Carroll										
		Date of death	190	Month	Oct	Day	H	Age	Years	61	Months	—	Days	11
		Sex	Female	Color or Race	white	Birth-place	Pennsylvania							
		Occupation						Where Residing if not at place of death						
		Married, Single or Widowed	Widow	Name of Wife or Husband	Ferdinand E Coates									
PHYSICIAN OR CORONER		Father's Name		Peter Lingenfelter				Father's Birthplace		Penn				
		Mother's Maiden Name		Matilda Brown				Mother's Birthplace		11				
		Name of person giving information		Charles Coates				How related to deceased		Son				
CAUSES OF DEATH														
PHYSICIAN OR CORONER		Primary		Cancer of Stomach				How long		6 mo				
		Immediate						How long						
		Are the name, age, sex, color, date and place correctly given above?		yes.		Signature of Physician		Jos. J. Hering						
						Address		Westminster Md.						
		Accident or Suicide?												



Handwritten signature or scribble

Name
in
Full

Elizabeth Coulter

CERTIFICATE OF DEATH

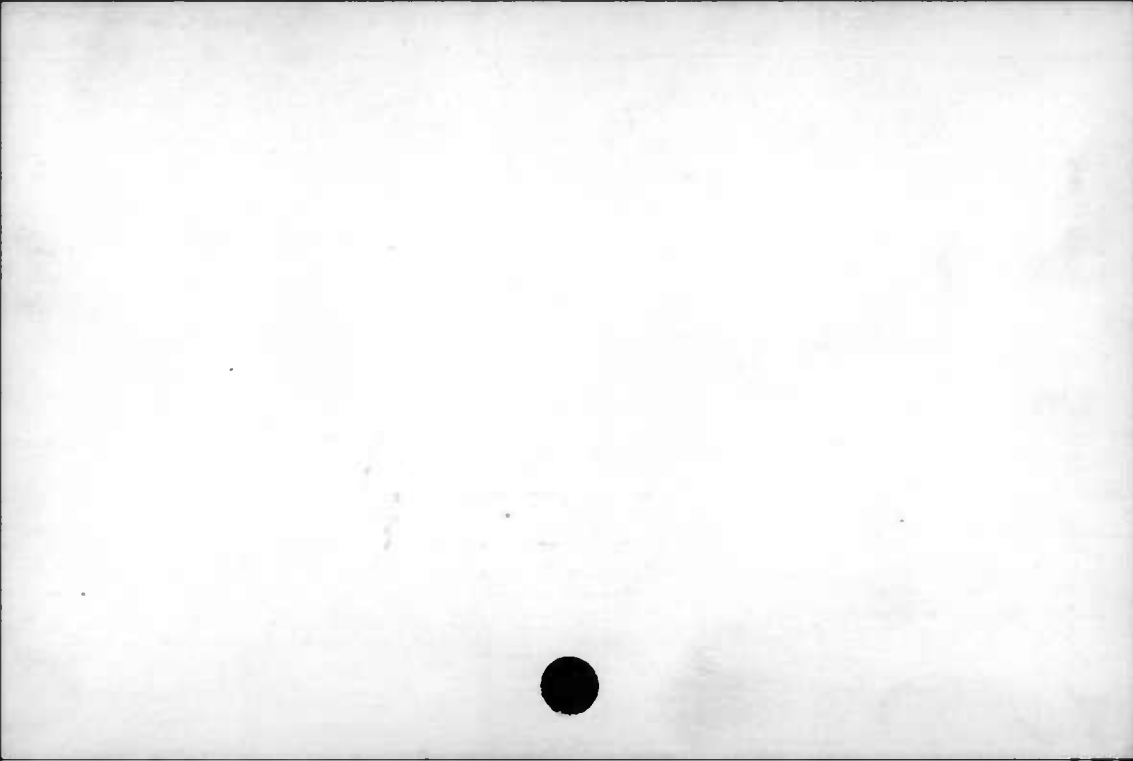
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sykesville</i> ^{Town}		<i>Carroll</i> ^{County}		MARYLAND	
Date of death <i>190</i>	<i>Oct.</i> ^{Month}	<i>12th</i> ^{Day}	Age <i>83</i> ^{Years}	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ind. —</i>		
Occupation <i>None</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>J. P. Coulter</i>			Father's Birthplace <i>Ind.</i>		
Mother's Maiden Name <i>Debra Olgine</i>			Mother's Birthplace <i>Pa</i>		
Name of person giving information <i>Miss Duvall</i>			How related to deceased <i>Niece —</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Senile Dementia</i>	How long <i>over 5 yrs —</i>
Immediate <i>Lobar Pneumonia</i>	How long <i>24 hrs —</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes —</i>	Signature of Physician <i>Charles S. Hill —</i>
	Address <i>Sykesville</i>
Accident or Suicide? <i>No —</i>	<i>Carroll Co. Ind.</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>James Day</i>		Town <i>Springfield</i>		County <i>Carroll</i>		MARYLAND	
Date of death <i>1905</i>		Month <i>10th</i>	Day <i>19th</i>	Years <i>71</i>	Months	Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>—</i>			
Occupation <i>Fisherman</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>—</i>				Father's Birthplace <i>—</i>			
Mother's Maiden Name <i>—</i>				Mother's Birthplace <i>—</i>			
Name of person giving Information <i>Hospital Records</i>				How related to deceased <i>—</i>			

CAUSES OF DEATH

Primary <i>Interstitial Nephritis</i>	How long <i>?</i>
Immediate <i>Cardiac Dilatation</i>	How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>To best</i>	Signature of Physician <i>W. Henry Fisher</i>
<i>of my knowledge</i>	Address <i>Sykesville Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

~~Albert J. Ruderar~~ Lucile
Sylboville Carroll

Died at

Date

1905

Month

Day

Oct

29

Age

Years

Months

Days

MARYLAND

Sex

Male

Color or
Race

White

Birth-
place

Md.

Occupation

—

Where Residing if not
at place of death

—

Married, Single
or Widowed

—

Name of Wife or
Husband

—

Father's
Name

Albert J. Ruderar

Father's
Birthplace

Md.

Mother's
Maiden Name

Chank Beasman

Mother's
Birthplace

Md.

Name of person giving
In formation

A. J. Ruderar

How related
to deceased

Father

CAUSES OF DEATH

Primary

Gastric irritation

How long

About 6 weeks

Immediate

Strangulation

How long

About 2 weeks

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address



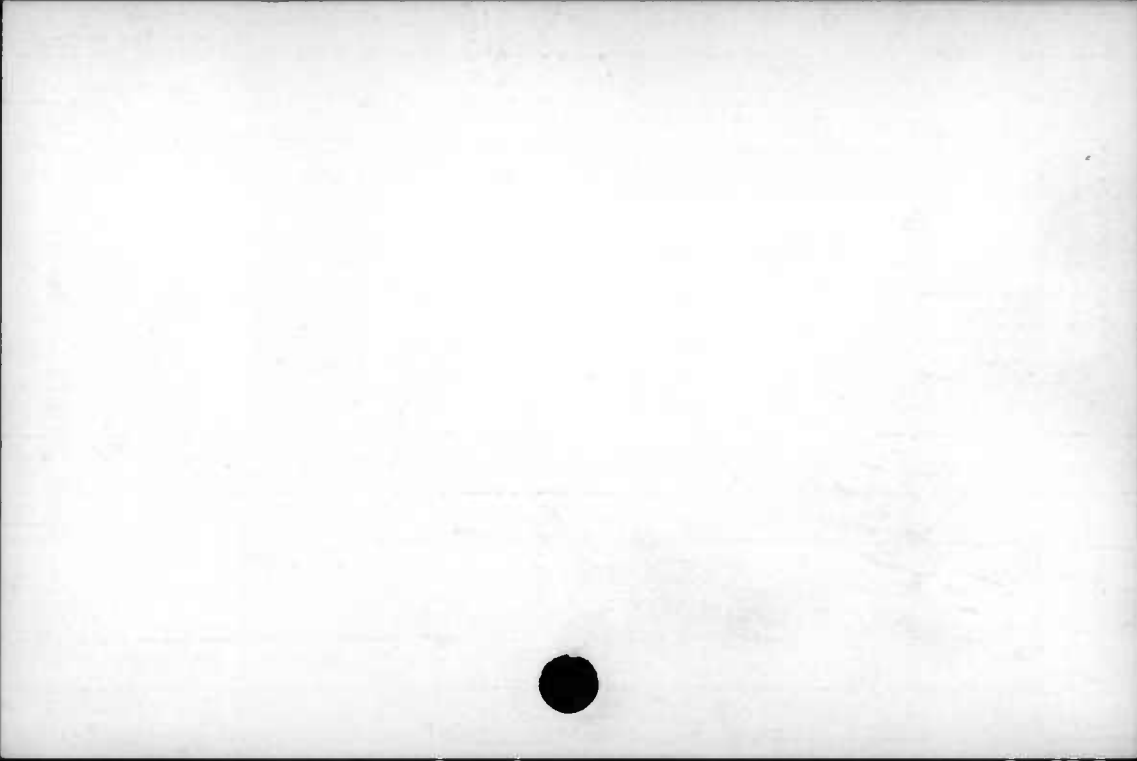
Chas. H. Hefner
Sylboville
Md.

Accident or Suicide?

—

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Allen F. Fiss

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Westminster

County

Carroll

MARYLAND

Date of death 1905

Oct

Day 1

Age 62

Years

Months 9

Days

Sex Male

Color or
Race

White

Birth-
place

New York

Occupation

Retired Farmer

Where Residing if not
at place of deathMarried, Single
or Widowed

Widower

Name of Wife or
Husband

Mary E. Shuman

Father's
Name

Leonard Fiss

Father's
Birthplace

New York

Mother's
Maiden Name

Not Known

Mother's
BirthplaceName of person giving
information

Hattie Grunberg

How related
to deceased

Daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Hypertrophy of Heart

How long

several years

Immediate

Nephritis - Heart failure

How long

3 weeks

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Chas. R. Doty, M.D.

Address

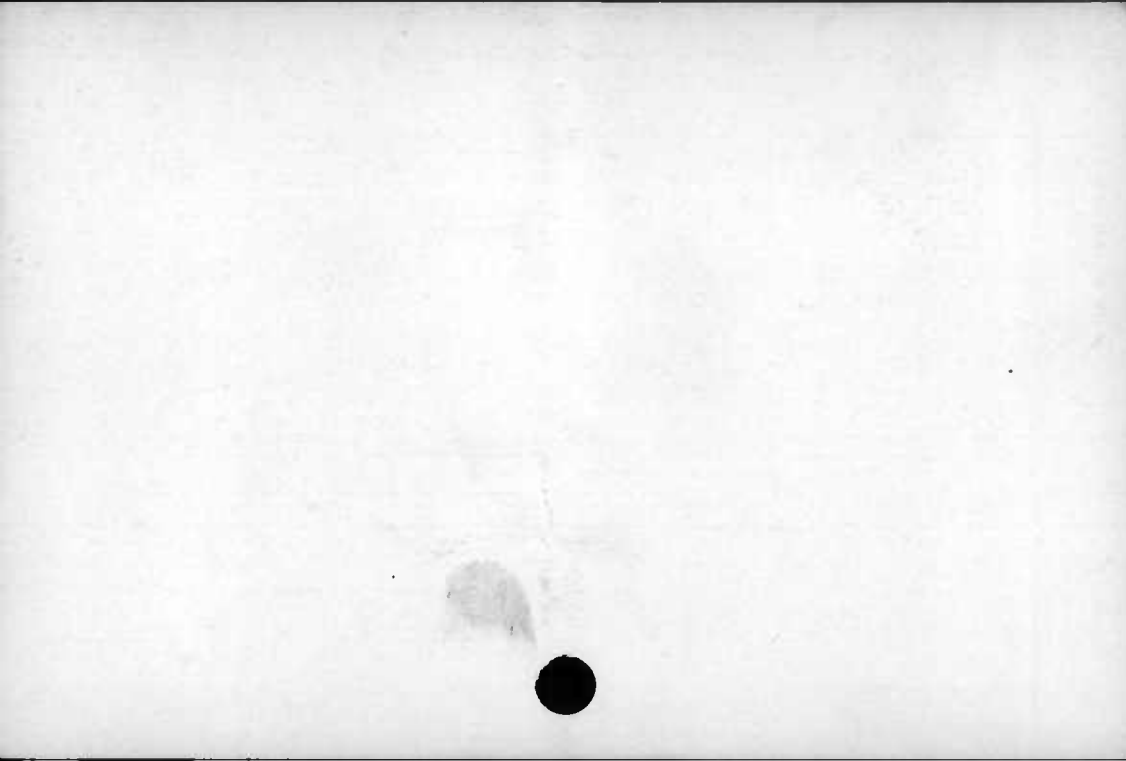
Westminster
Md.

Accident or Suicide?

Shaver

Westminster Counciling

Name in Full		William Froumpfelter				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Tyrone</u> Town		<u>Carroll</u> County		MARYLAND	
		Date of death <u>1905</u> <u>Oct</u> <u>22</u>		Age <u>75</u> Years		Months <u>—</u> Days <u>—</u>	
		Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Md.</u>	
		Occupation <u>Wheeler Wright</u>		Where Residing if not at place of death <u>—</u>			
		Married, Single <u>Married</u>		Name of Wife or Husband <u>Mrs Wm. Froumpfelter</u>			
		Father's Name <u>—</u>				Father's Birthplace <u>—</u>	
		Mother's Maiden Name <u>—</u>				Mother's Birthplace <u>—</u>	
		Name of person giving information <u>Mrs Wm Froumpfelter</u>				How related deceased <u>Wife</u>	
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <u>Nephritis Chronic</u>		How long <u>several years</u>			
		Immediate <u>uremia</u>		How long <u>3 days</u>			
		Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Chas. R Foutz</u>			
				Address <u>Westminster Md</u>			
		Accident or Suicide? <u>—</u>					



Name
in
Full

Mary Elizabeth Gardner

CERTIFICATE OF DEATH

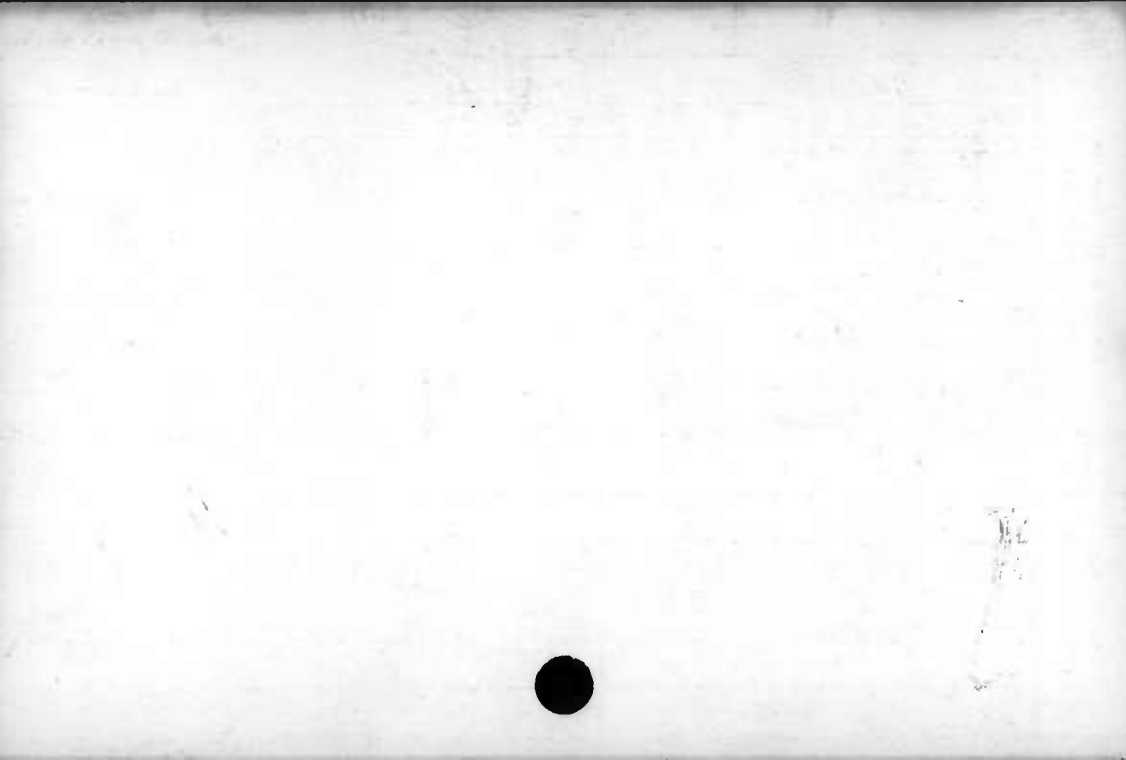
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westminister</i>		Town <i>Carroll</i>		County		MARYLAND							
Date of death <i>1903</i>		Month <i>Oct</i>		Day <i>16</i>		Age <i>49</i>		Years		Months		Days	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Maryland</i>									
Occupation		Where Residing if not at place of death											
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband											
Father's Name <i>Isaac Gardner</i>		Father's Birthplace <i>Maryland</i>											
Mother's Maiden Name <i>Mary Smith</i>		Mother's Birthplace <i>La</i>											
Name of person giving information <i>Margaret V Gardner</i>		How related to deceased <i>Sister</i>											

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>1 year</i>
Immediate <i>"</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Jos. J. Henry</i>
	Address <i>West</i>
Accident or Suicide? <i>Accident</i>	<i>MD</i>



Name
in
Full

CERTIFICATE OF DEATH

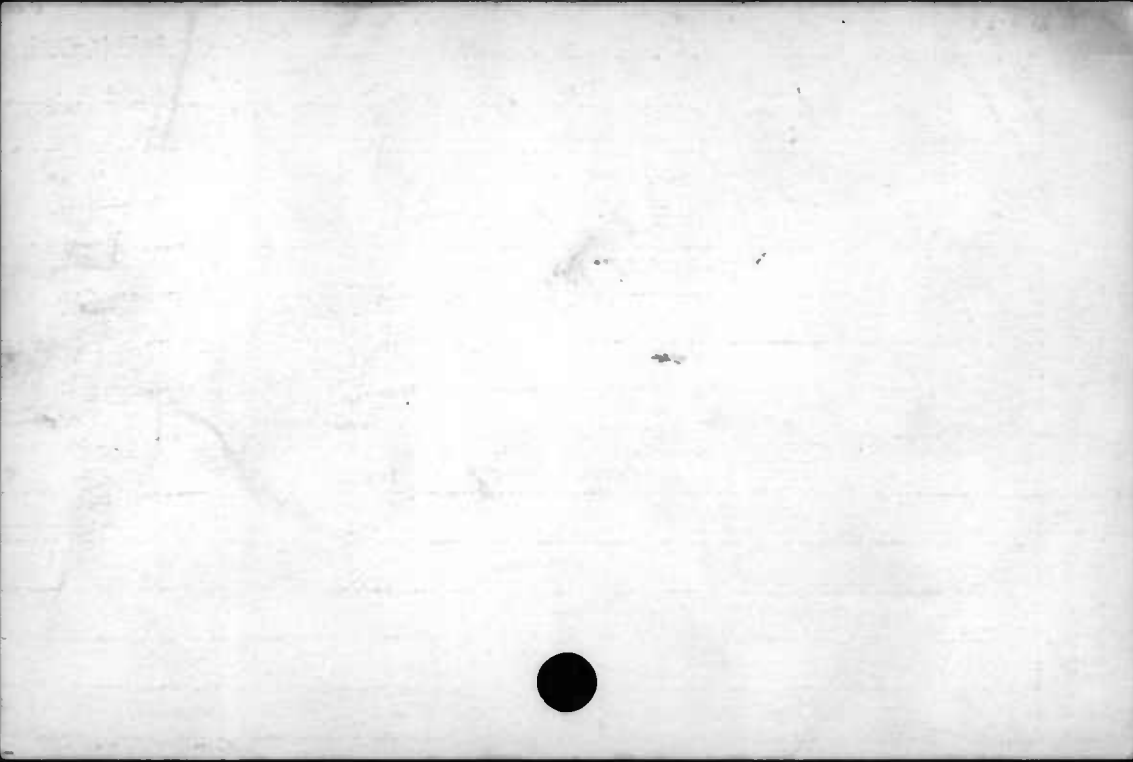
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John C Gilbert</i>		Town <i>Manchester</i>		County <i>Carroll</i>		MARYLAND	
Died at		Date of death		Age		Months	
		<i>1905 Oct 7</i>		<i>7</i>		<i>7</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Wakefield</i>		Days <i>16</i>	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>Charles Gilbert</i>				Father's Birthplace <i>Carroll Co Md</i>			
Mother's Maiden Name <i>Emma Wagner</i>				Mother's Birthplace <i>- - -</i>			
Name of person giving information <i>Charles Gilbert</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

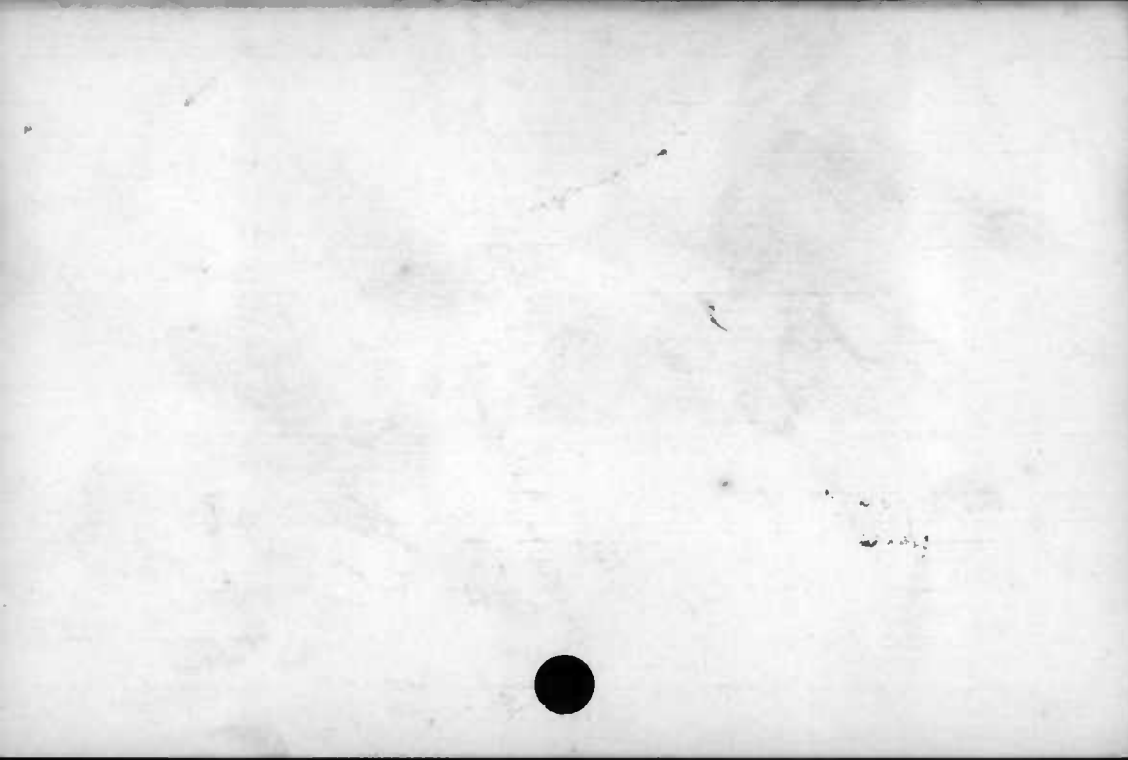
Primary <i>Fracture of Skull & Laceration of Brain & Membranes</i>	How long <i>13 days</i>
Immediate <i>Meningitis</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John E. Gierber M.D.</i>
	Address <i>Meth. Soc.</i>
Accident or Suicide?	<i>Med.</i>



Name in Full		Franklin Albert Grimes				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Westminster	County Carroll		MARYLAND	
	Date of death	1905	Month Octo	Day 4 th	Age	58	Months 7
	Sex	Male		Color or Race	White		Birth-place Maryland
	Occupation	Druggist		Where Residing if not at place of death		Knights Landing Cal	
	Married, Single or Widowed	Widower		Name of Wife or Husband	Katie Gaddis		
	Father's Name	George W. Grimes				Father's Birthplace	Maryland
	Mother's Maiden Name	Eliza Buffington				Mother's Birthplace	"
Name of person giving information	Elias O. Grimes				How related to deceased	Brother	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Paralysis			(14)✓	How long	3 months
	Immediate	Apoplexy				How long	one week
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	Jas. H. Billingslea		
				Address	Westminster		
	Accident or Suicide?			No			Mds

Shannon

Name in Full		Elizabeth Ann Henry				CERTIFICATE OF DEATH	
Died at		Town Lykesville		County Carroll		MARYLAND	
Date of death		1905	Month 10 th	Day 6 th	Age	Years 44	Months Days
Sex		Female		Color or Race		White	
Birth-place		Md.					
Occupation		None		Where Residing if not at place of death			
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Not known				Father's Birthplace	
Mother's Maiden Name		Not known				Mother's Birthplace	
Name of person giving information		Mrs H. G. Ewing				How related to deceased	
						Sister	
CAUSES OF DEATH							
Primary		Epileptic Dementia				How long	
						over 5 yrs	
Immediate		Exhaustion				How long	
						-	
Are the name, age, sex, color, date and place correctly given above?		Yes				Signature of Physician	
						John Horfack Morris M.D.	
						Address	
						Springfield State Hospital,	
						Lykesville, Carroll Co., Md.	
Accident or Suicide?		No					



Catherine Hesson

Town

County

Died at

Littletown

Adams - Penna

~~MARRIED~~

Date 1905

Month

Day

Y.

M.

D.

Native of

Occupation

Oct; 8th

Age

87-9-16

Maryland

No Occupation

Male

White

Yes

Married

Widow

Yes

Divorced

no

Female

Yes

Colored

Single

Widower

Number of children living

5

Husband

of

Wife

Isaac Hesson, deceased

Father's

Mother's

Name

Maiden Name

54

Cause of

Primary

Infermities of Age

How long sick

3 or 4 days

Death

Immediate

"

"

"

Accident, Suicide, Homicide no

Reported by

E. K. Freeman MD

Address

Littletown,

Adams, Co, Penna

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Mrs. Hesson always
lived in England
but had went to
Litherton and
died there and
was buried in
this place

Name
in
Full

William Keenan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Springfield Hospital, ^{County} Carroll

MARYLAND

Date of death 1905 ^{Month} 10 ^{Day} 5th Age ^{Years} 21 ^{Months} ^{Days}

Sex Male Color or Race White Birth-place

Occupation Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Henry Keenan Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving information Hospital Records How related to deceased

CAUSES OF DEATH

Primary Epilepsy How long 10 yrs.
Immediate Cerebral Oedema How long 1 day

Are the name, age, sex, color, date and place correctly given above? To best

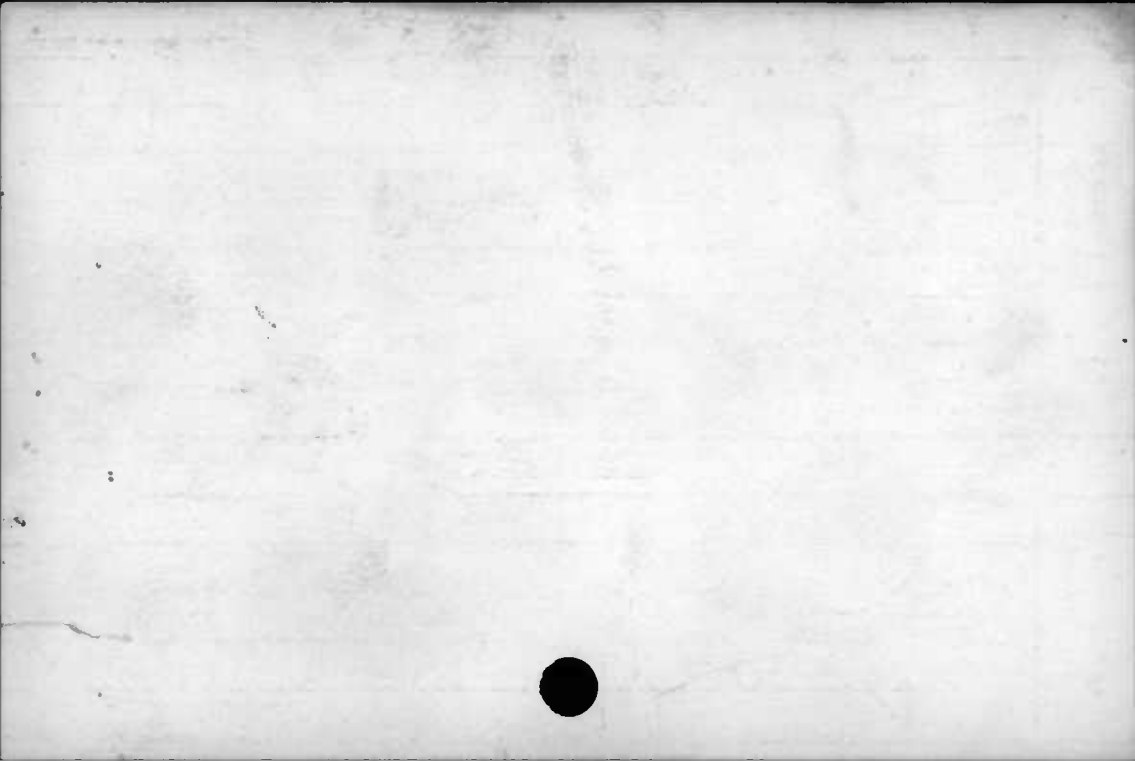
Signature of Physician

Address

of my knowledge.

W. Henry Fisher M.D.
Sykesville Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

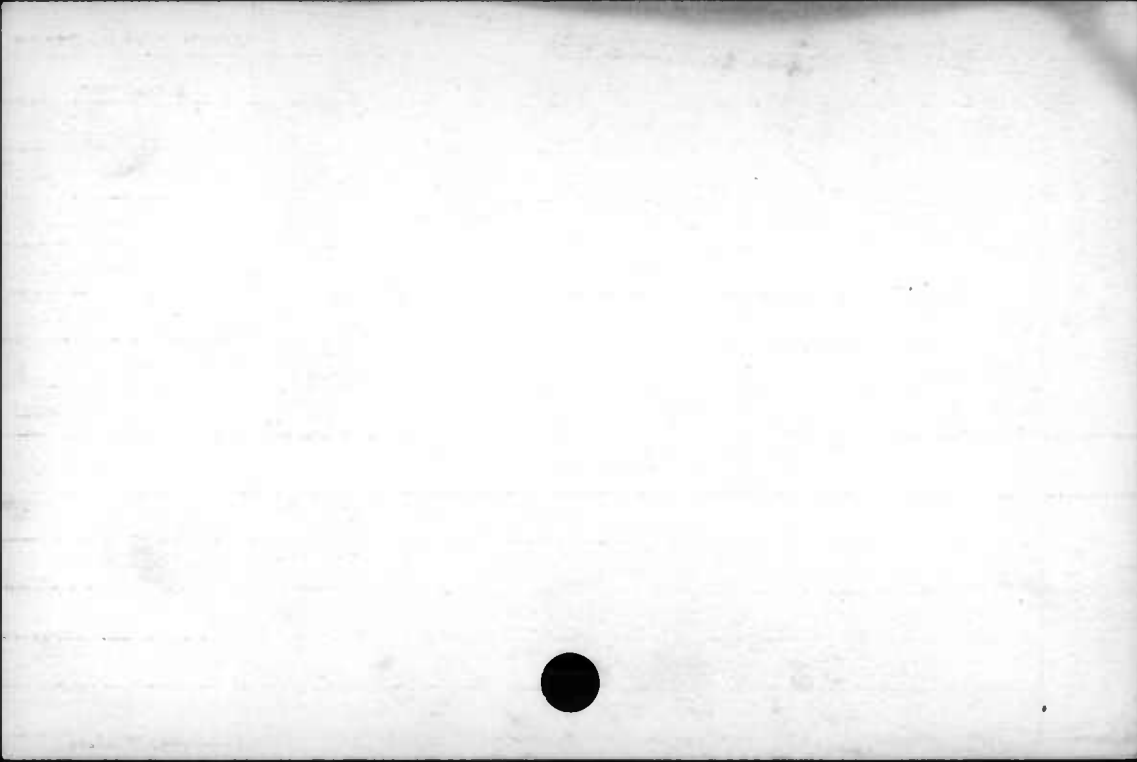
TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Bachmans Mill</i>		Town <i>Carroll</i>		County	
Date of death	1905	Month	Oct.	Day	18
Age	58	Years	58	Months	—
Sex	Female	Color or Race	White	Birth-place	Ind.
Occupation	Housewife		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband <i>John N. Kroh</i>			
Father's Name	<i>Charles Schaffer</i>			Father's Birthplace <i>Pa.</i>	
Mother's Maiden Name	<i>Catherine Hess</i>			Mother's Birthplace <i>Pa.</i>	
Name of person giving information	<i>John N. Kroh</i>			How related to deceased <i>1/5</i>	

CAUSES OF DEATH

Primary	<i>Hepatic Calculi</i>	How long	<i>.8 mos.</i>
Immediate	<i>Exhaustion</i>	How long	<i>10 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Chas. R. Foutz</i>
		Address	<i>Westonville Ind.</i>
Accident or Suicide?	<i>—</i>		



Name
in
Full

Sarah Ann Lemmon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Silver Run* ^{Town} *Carroll* ^{County}

MARYLAND

Date of death *1903* ^{Month} *October* ^{Day} *Oct 28* ^{Years} *Age 74* ^{Months} *6* ^{Days} *5*Sex *Female* Color or Race *White* Birth-place *Maryland*Occupation *House wife* Where Residing If not at place of deathMarried, ~~Single~~ or ~~Widowed~~ Name of Wife or Husband *Jesse Lemmon*Father's Name *George Giesbman* Father's BirthplaceMother's Maiden Name *Regina Runk* Mother's BirthplaceName of person giving information *Jesse Lemmon* How related to deceased *Husband*

CAUSES OF DEATH

Primary *Dropsy Heart Failure* ^{How long} *One year*

Immediate

Are the name, age, sex, color, date and place correctly given above? *yes*

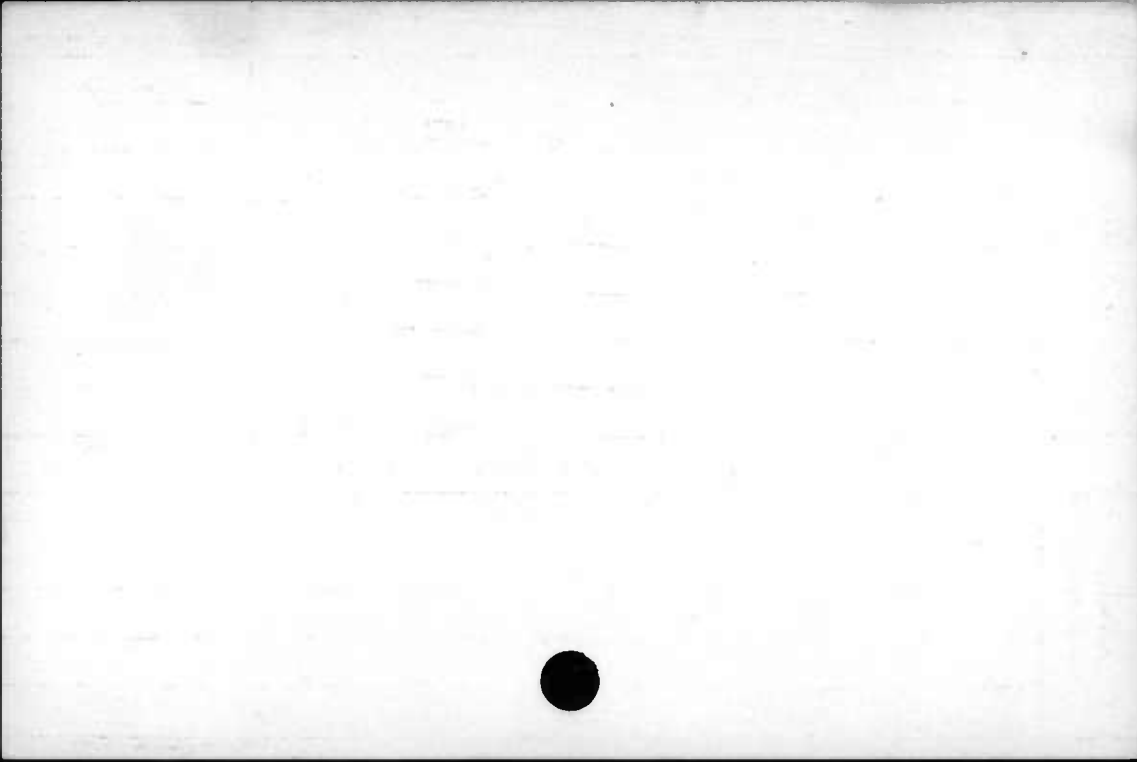
Signature of Physician

Address

John J. Stewart
Seniors Mills

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Lillian M. Long,

CERTIFICATE OF DEATH

No. 122
MARYLANDTO BE ANSWERED BY
NEAREST FRIEND

Died at Union Bridge Town Carroll County

Date of death 1905 Month 10 Day 14 Age 18 Years Months 6 Days 0

Sex Female Color or Race White Birth-place Westminster

Occupation Housewife Where Residing if not at place of death Union Bridge

Married, Single or Widowed Married Name of Wife or Husband Walter, C. Long

Father's Name Ezra Spingling Father's Birthplace Silver Run

Mother's Maiden Name _____ Mother's Birthplace _____

Name of person giving information Walter Long How related to deceased Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Tuberculosis (Phtisis) How long 18 mo's

Immediate Heart How long 1 wk.

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician W. Herbert Brown

Address Union Bridge
Carroll Co.

Accident or Suicide? _____

Unionville

Name
in
Full

Bessie T. Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Westminster		^{County} Carroll	
Date of death 1905	Month Oct	Day 11	Age 22
Sex Female	Color or Race white	Birth-place Williamsport, Md.	Months 13
Occupation Housewife	Where Residing if not at place of death Williamsport, Md.		
Married, Single or Widowed Married	Name of Wife or Husband Eliza Miller	Father's Birthplace Kembs Hill	Days 4
Father's Name Don't know	Mother's Maiden Name Don't know	Mother's Birthplace "	
Name of person giving information Kemp Murray	How related to deceased Brother-in-law		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pulmonary Tuberculosis	How long don't know
Immediate Acute Indigestion	How long 8 hours.
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician Chas. R. Foutz, M.D.
Md. 9/9/06	Address Westminster Md.
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDName *Wm H Omdorff*

Town

County

Died at

Date

of death

Month

Day

Age

Years

Months

Days

MARYLAND

Sex

Color or
RaceBirth-
place

Occupation

Where Residing if not
at place of death~~Married, Single~~
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
informationHow related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

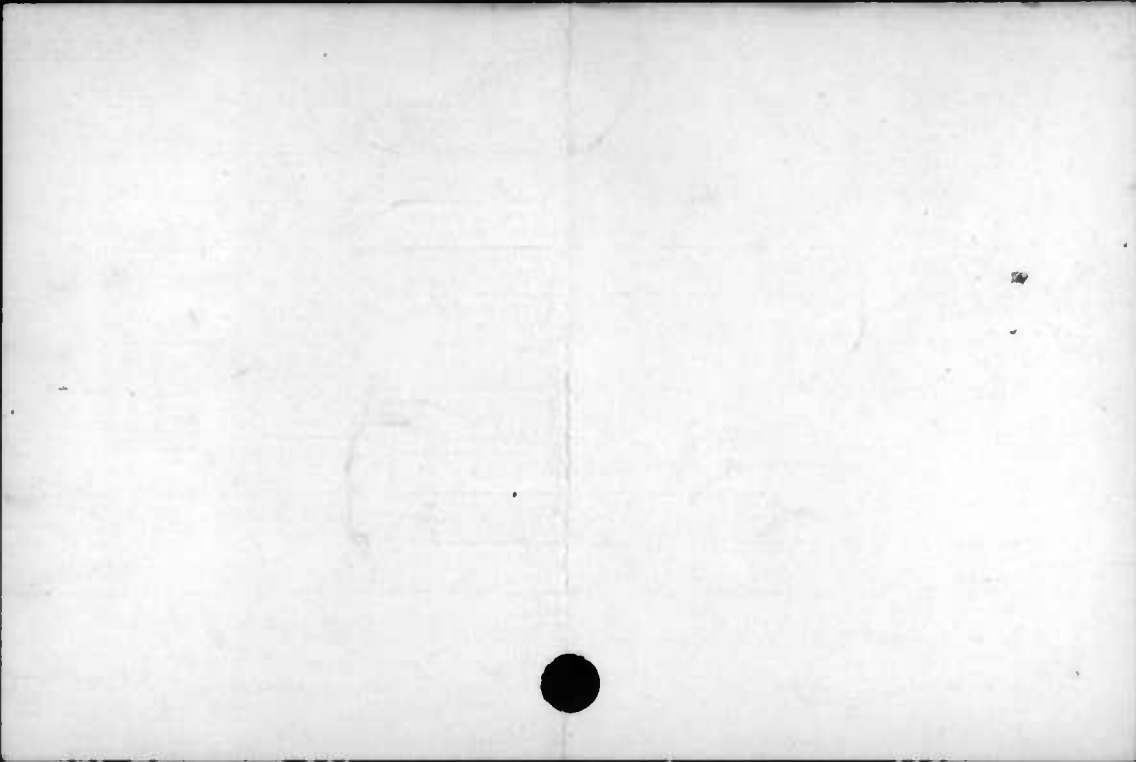
How long

Are the name, age, sex, color, date
and place correctly given above?Signature
Physician

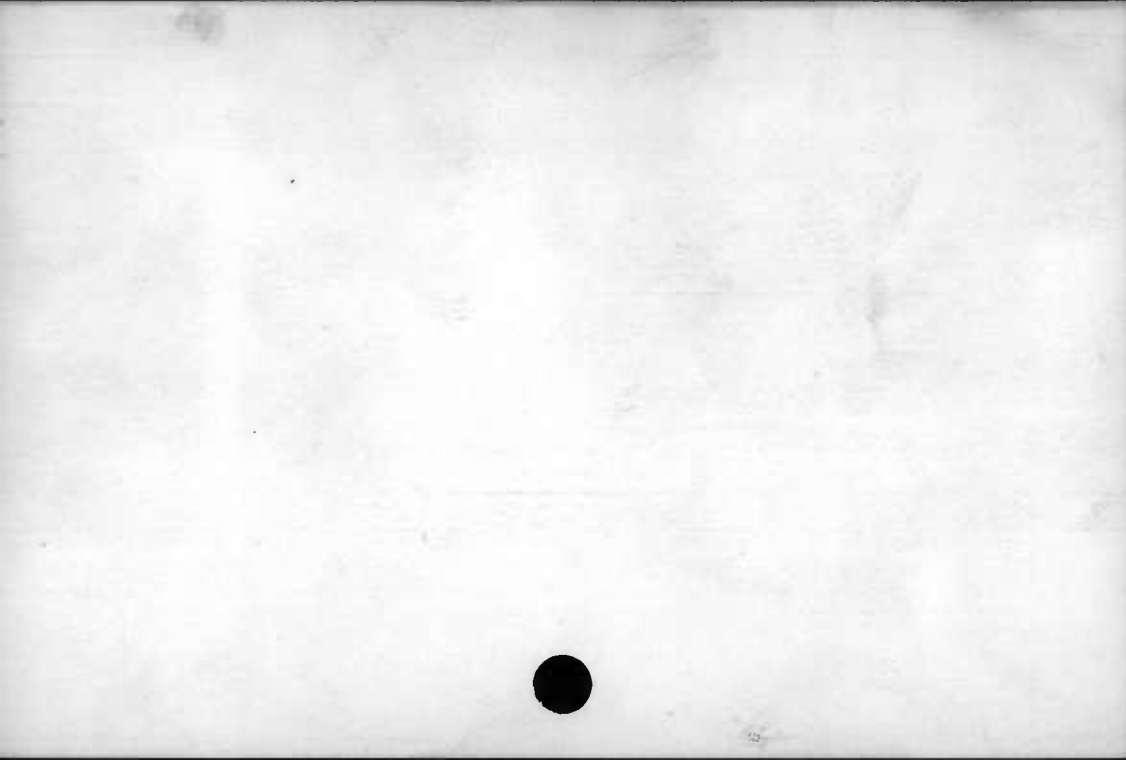
Address

PHYSICIAN
OR CORONER

Accident or Suicide?



Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Syracuse</i>		County <i>Carroll</i>	
		Date of death 190 <i>5</i> ^{Month} <i>Oct</i> ^{Day} <i>1</i>		Age <i>2</i> ^{Years} <i>2</i> ^{Months} <i>3</i> ^{Days}	
		Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Syracuse</i>	
		Occupation <i></i>		Where Residing if not at place of death <i></i>	
		Married, Single or Widowed <i></i>	Name of Wife or Husband <i></i>		
PHYSICIAN OR CORONER		Father's Name <i>Jessie W Porter</i>		Father's Birthplace <i>Ind</i>	
		Mother's Maiden Name <i>Ellanora K Beaver</i>		Mother's Birthplace <i>Ind</i>	
		Name of person giving information <i>Jessie W Porter</i>		How related to deceased <i>Father</i>	
		CAUSES OF DEATH			
Primary <i>Enteritis, Complicated by Pneumonia</i>		How long <i>One week</i>			
Immediate <i>Failure of Respiration</i>		How long <i></i>			
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. B. Sprecher M.D.</i>			
		Address <i></i>			
Accident or Suicide?					



Name
in
Full

Elisha Peter Prugh

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Bloom		County Carroll		MARYLAND	
Date of death	1905-	Month Oct	Day 23	Age	Years 6	Months 5	Days 23
Sex	male		Color or Race	white		Birth- place	Bloom
Occupation				Where Residing if not at place of death Bloom			
Married, Single or Widowed	single		Name of Wife or Husband				
Father's Name	William E. Prugh					Father's Birthplace	Bloom
Mother's Maiden Name	Laura N. Wolf					Mother's Birthplace	Deer Park
Name of person giving In formation	Laura N. Prugh					How related to deceased	Mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Rheumatism	How long	1 week
Immediate	Neuritis	How long	9 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	E. D. Brown
		Address	Winfield Carroll co.
Accident or Suicide?			

Bloom

Name
in
Full

Flora M. Schaeffer

CERTIFICATE OF DEATH

Town

County

Died at

Ficksburg

Carroll Co.

MARYLAND

Date

of death 1905-

Month

Oct.

Day

3

Years

Age 31

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Carroll Co.

Occupation

High

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

George H. Schaeffer

Father's
Name

James Aulston

Father's
Birthplace

Carroll Co.

Mother's
Maiden Name

Sarah Hailey

Mother's
Birthplace

Carroll Co.

Name of person giving
Information

George H. Schaeffer

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Childbirth

How long

Immediate

Septicaemia

How long

4 wks

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

T. M. Seader

Address

Reisterstown Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Frank C. Shaver

July

Name
in
Full

Mary Wagner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Westminster</i>		Town <i>Carroll</i>		County		MARYLAND	
Date of death <i>1905</i>	Month <i>Oct.</i>	Day <i>15</i>	Age	Years	Months <i>2</i>	Days <i>2</i>	
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Carroll Co</i>				
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>single</i>		Name of Wife or Husband					
Father's Name <i>Charles H. Wagner</i>		Father's Birthplace <i>Carroll Co Md</i>					
Mother's Maiden Name <i>Mary Haines</i>		Mother's Birthplace <i>Carroll Co Md</i>					
Name of person giving information <i>Charles Wagner</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Myocardium</i>	How long <i>4 weeks</i>
Immediate <i>Heart failure</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Thos S. Mathias</i>
	Address <i>Westminster Md</i>
Accident or Suicide?	

Scissors

Name
in
Full

Pemima Mary Warfield

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frezeeburg</i> ^{Town}		<i>Carroll</i> ^{County}		MARYLAND	
Date of death	<i>1905</i>	<i>Oct</i> ^{Month}	<i>14</i> ^{Day}	Age <i>85</i> ^{Years}	<i>10</i> ^{Months}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place		
Occupation <i>House wife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>widow</i>	Name of Wife or Husband <i>Pemima Warfield</i>				
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Old age + General debility</i>	How long	<i>1 year or more</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	
Signature of Physician <i>Jacob Rinchart M.D.</i>		Address <i>Frezeeburg</i>	
Accident or Suicide?		<i>no</i>	



Name in Full		Town		County		CERTIFICATE OF DEATH	
Near Pancytown		Hantz		Carroll		MARYLAND	
Date of death		1905	Month 10	Day 6	Age	Years	Months Days
Sex male		Color or Race white		Birth place Carroll Co. Md.			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Thomas Hantz		Father's Birthplace		Carroll Co. Md.	
Mother's Maiden Name		Fannie Hull		Mother's Birthplace		" " "	
Name of person giving Information		Foster		How related to deceased		Foster	
CAUSES OF DEATH							
Primary		Still Born				How long	
Immediate						How long	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		J. H. Davis.	
				Address		Pancytown.	
						Md.	
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

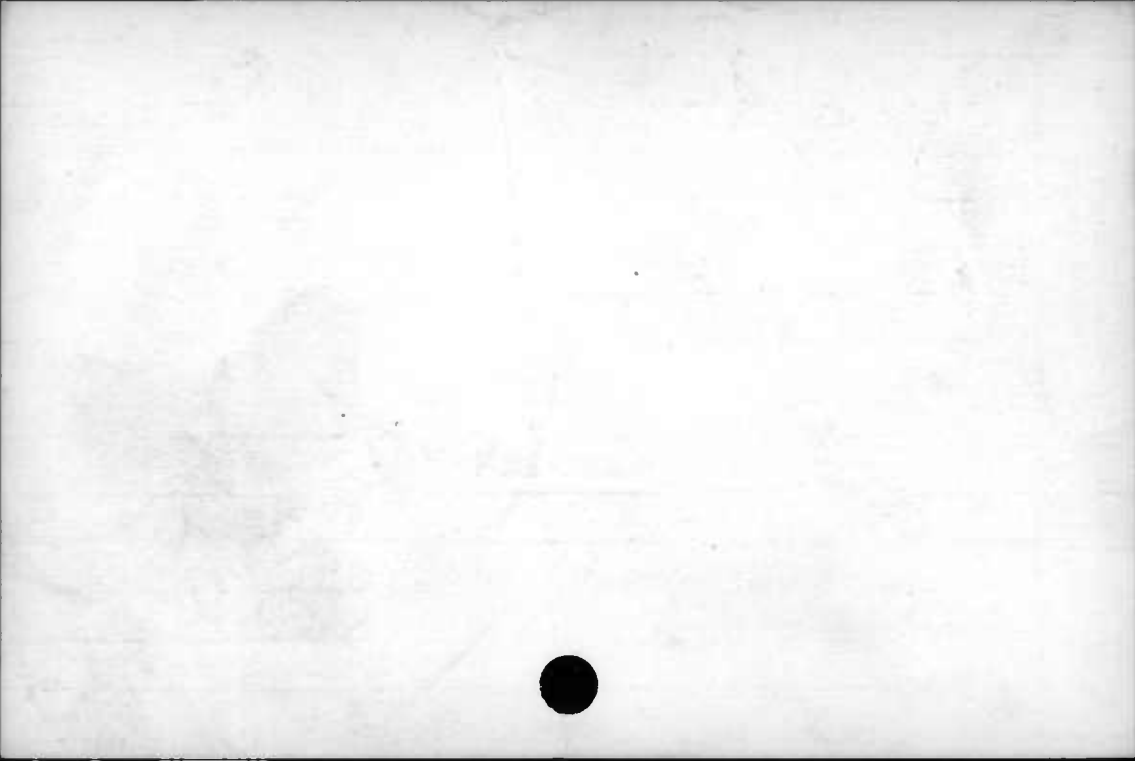
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sykesville</i>		County <i>Carroll</i>		MARYLAND	
Date of death	Month <i>Oct</i>	Day <i>19</i>	Age <i>—</i>	Months <i>10</i>	Days <i>5</i>
Sex <i>Female</i>	Color or Race <i>African</i>		Birth-place <i>Sykesville Md.</i>		
Occupation <i>—</i>		Where Residing If not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Charles White</i>		Father's Birthplace <i>Va</i>			
Mother's Maiden Name <i>Clara Johnson</i>		Mother's Birthplace <i>Sykesville</i>			
Name of person giving information <i>Charles White</i>		How related to deceased <i>Brother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Reckless</i>	How long <i>about 1 wk</i>
Immediate <i>Effects of shock & incantion</i>	How long <i>4 or 5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. J. H. Jeffers</i>
<i>—</i>	Address <i>Sykesville Md.</i>
Accident or Suicide? <i>—</i>	



Name in Full		John V Zengrafft				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Westminster		County		Canal	
	Date of death		1903	Month	Oct	Day	22
	Age		84	Years	9	Months	Days
	Sex	Male		Color or Race	White		Birth-place
	Occupation		Retired Farmer		Where Residing if not at place of death		
	Married, Single or Widowed	Widower		Name of Wife or Husband		Agathe Chold	
	Father's Name	Sebastian		Father's Birthplace		Germany	
	Mother's Maiden Name	Don't Know		Mother's Birthplace		Germany	
Name of person giving information	Vincenz Yingling		How related to deceased		Son-in-law		
PHYSICIAN OR CORONER	CAUSES OF DEATH						
	Primary	Uremic Convulsions		How long	24 hrs.		
	Immediate	Paralytic		How long	2 days		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Wm J Wells		
			Address		Westminster		
Accident or Suicide?							

St. John's County